

**EDUCATIONAL STATEMENT FOR A CHILD OF A PROBATE COURT
CUSTODIAN/GUARDIAN APPLICANT**

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION	
I hereby authorize, _____ to release to the Department of Children and Families the information requested below regarding my minor children, as required by the Department policies for Probate Court Custodian/Guardian applicants and their children.	
SIGNATURE OF APPLICANT	DATE
ADDRESS, NO. AND STREET CITY, STATE, ZIP	

NAME OF CHILD

Does the above child have good attendance?

☐ Yes ☐ No If no, please describe:

Is the child involved in regular or special education?

☐ Regular ☐ Special Education

If special education, please describe:

Does the child present with behavioral issues?

☐ Yes ☐ No

If yes, please comment:

Can you please describe the child's social interaction?

**EDUCATIONAL STATEMENT FOR A CHILD OF A PROBATE COURT
CUSTODIAN/GUARDIAN APPLICANT**

Does the child's parent participate in child's education, programs, events, etc.?

☐ Yes ☐ No

If no, please comment:

Do you have any concerns regarding abuse or neglect?

☐ Yes ☐ No

If yes, please explain:

Do you have any concerns with this parent(s) being appointed a custodian or guardian of a child?

☐ Yes ☐ No

If yes, please explain:

Additional comments:

NAME OF TEACHER/ADMINISTRATOR/SOCIAL WORKER	SIGNATURE		
ADDRESS	TELEPHONE NUMBER	DATE	

NOTE: This report should be mailed by the school, teacher, or social worker directly to the Department of Children and Families office listed below:

Attention: